Health, Welfare Public Service

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SL 19454

FILED MAY 1 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015953
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3552

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL — Length of stay in 1b 18 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY EFFINGHAM
c. CITY OR TOWN EFFINGHAM — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1103 W ST LOUIS AVE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLEM Middle J. Last WIEDMAN

4. DATE OF DEATH Month APRIL Day 7 Year 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 7/31/95

9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) COLDWATER, OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLES A WIEDMAN

13b. MOTHER'S MAIDEN NAME CLARA BOLSINGER

14. NAME OF HUSBAND OR WIFE ALICE WIEDMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 144071325

17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MASSIVE HEMORRHAGE	ONE MINUTE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	BRONCHOGENIC CARCINOMA	THREE MONTHS
DUE TO (c)	- - 162.1 -	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
- - - -

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] NONE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from 3/20/59 to 4/7/59 and last saw him alive on 4/7/59
Death occurred at 6:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R O Craig (Degree or title) R. O. CRAIG, M.D.

22b. ADDRESS VAH, ST LOUIS, MISSOURI

22c. DATE SIGNED 4/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5-10-59

23c. NAME OF CEMETERY OR CREMATORY St.Anthony's Cemetery

23d. LOCATION (City, town, or county) (State) Effingham, Ill.

24. FUNERAL DIRECTOR Bauer Funeral Home, Effingham, Ill. — ADDRESS

25. DATE RECD. BY LOCAL REG. APR 9 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 42 93

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.